

NOV -4 2013

FCC Mail Room

**GENERAL AFFIDAVIT**

Docket # 06-181

Case Identifier: CGB-CC-1284

State of Texas  
Harris CountyBEFORE ME, the undersigned Notary, Franklin C. C. C.*[name of Notary before whom affidavit is sworn],*

on this 31<sup>st</sup> *[day of month]* day of October, 2013, personally appeared Karen Deskins, known to me to be a credible person and of lawful age, who being by me first duly sworn, on her oath, deposes and says:

I have enclosed the following information per your request:

- The name of the program:
  - Katherine Newlon
- Cost quotes for closed captioning:
  - CCA Media productions \$250 x 52 weeks = \$13,000 yearly
  - Caption Technologies, Inc \$300 x 52 weeks = \$15,600 yearly
  - We are not considering buying equipment to produce closed captioning at this time
- The impact of captioning our programming activities:
  - As you can see from the enclosed documentation of our financial status we barely had enough income/donations to meet our expenses the last two years. Now that we are broadcasting on The Church Channel our yearly broadcasting cost is \$59,800. We had to borrow funds the last three months to cover the broadcasting expenses. The cost of closed captioning would be an additional \$13,000 to \$15,600 a year. As you can see, closed captioning would put a significant financial burden on our ministry that we cannot afford at this time.
- Documentation of our financial status:
  - Income and All Expenses
    - 2011 Profit and loss statement
    - 2012 Profit and loss statement
    - 2011 Tax Return
    - 2012 Tax returns
    - Current Bank Statement
  - Current Assets / Liabilities
    - December 2011 Statement of Financial Position
    - December 2012 Statement of Financial Position
- Video distributor captioning assistance:
  - At this point we are only broadcast on The Church Channel which is a part of the Trinity Broadcasting Networks.
  - Letter from Trinity Broadcasting Networks stating they don't provide closed captioning.

- Additional sponsorships:
  - Due to the nature of religious programming it is not possible to find outside sponsors of closed captioning. Faith based programming is limited to the donations provided by the local church members.
- Type of Operation:
  - Victorious Living, a Not for Profit 501-c-3
  - Religious ministry/church

We kindly petition the FCC and seek the exemption based upon the multiple financial factors that would make it difficult to continue airing the Katherine Newlon TV program.



[signature of affiant]


Karen Deskins

P. O. Box 25997

Colorado Springs, CO 80936

Subscribed and sworn to before me, this 31<sup>st</sup> [day of month] day of October, 2013.

[Notary Seal:]



[signature of Notary]

Franklin Luna  
[typed name of Notary]

NOTARY PUBLIC

My commission expires: 03-05, 2016.

My Commission Expires:



# Victorious Living

P.O. Box 25997  
Colorado Springs, CO 80936

Received & Inspected

NOV -4 2013

FCC Mail Room

September 31, 2013

Case Identifier: CGB-CC-1284

Office of the Secretary  
Federal Communications Commission  
Attention: Disability Rights Office, Room 3-B431  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

To whom it may concern:

We did not receive your letter until September 28<sup>th</sup>. We do not receive mail at 3958 N. Academy Blvd Suite 115, Colorado Springs CO 80917. Our mailing address is P.O. Box 25997, Colorado Springs, CO 80936.

I was told that I could have until November 4<sup>th</sup> to send our response due to not receiving your letter until September 28, 2013 and the government shutdown. As stated previously, Victorious Living is a Not for Profit 501-c-3 Organization, and the cost of closed captioning would present us with a significant cost which the ministry would not be able to incur. Please give our petition further consideration. I have enclosed a response to your request dated September 26, 2013.

Please feel free to call me at 719-266-5554 if you have any questions.

Sincerely,



Karen Deskins

Case Identifier CGB-CC-1284

## CMP Rate Card for Closed Captioning Services



- \$150.00 for HD finished file when full script provided
- \$250.00 for HD finished file when transcription services required

10:22 AM  
10/31/13  
Accrual Basis

**Victorious Living**  
**Profit & Loss YTD Comparison**  
January through December 2012

Case ID: CGB-CC-1284

	Jan - Dec 12	Jan - Dec 12
<b>Ordinary Income/Expense</b>		
Income		
43400 · Direct Public Support		
43440 · Gifts in Kind - Goods	70,229.23	70,229.23
Total 43400 · Direct Public Support	70,229.23	70,229.23
Total Income	70,229.23	70,229.23
Gross Profit	70,229.23	70,229.23
Expense		
62100 · Contract Services		
62110 · Accounting Fees	485.83	485.83
62150 · Outside Contract Services		
62151 · Production	15,421.50	15,421.50
62152 · Bookkeeping/Adm.	9,450.00	9,450.00
Total 62150 · Outside Contract Services	24,871.50	24,871.50
Total 62100 · Contract Services	25,357.33	25,357.33
62800 · Facilities and Equipment		
62890 · Rent, Parking, Utilities	270.00	270.00
62892 · Camara & Vidio Equipment	3,903.30	3,903.30
62895 · Construction/Maintenance	5,153.34	5,153.34
Total 62800 · Facilities and Equipment	9,326.64	9,326.64
65000 · Operations		
65020 · Postage, Mailing Service	532.01	532.01
65030 · Printing and Copying	156.90	156.90
65040 · Supplies	2,010.05	2,010.05
65050 · Telephone, Telecommunication, Int	2,046.10	2,046.10
65061 · MiniDV Tapes	410.23	410.23
658090 · Bank Fees	75.94	75.94
Total 65000 · Operations	5,231.23	5,231.23
65100 · Other Types of Expenses		
65150 · Memberships and Dues	10.00	10.00
65160 · Other Costs	-100.00	-100.00
65176 · Credit Card Fees	551.50	551.50
65180 · Donation	9,972.75	9,972.75
65185 · Broadcasting	12,525.00	12,525.00
65190 · Volunteer Appreciation	195.74	195.74
Total 65100 · Other Types of Expenses	23,154.99	23,154.99
Total Expense	63,070.19	63,070.19
Net Ordinary Income	7,159.04	7,159.04
Net Income	7,159.04	7,159.04

Case ID:

CGB-CC-1284



**Caption Technologies, Inc.**

348 Ascot Ridge Lane • Greer, SC 29650

Phone: (800) 676-0211 Fax: (864) 848-6009

E-Mail: [vicki@captiontech.com](mailto:vicki@captiontech.com)

**OPEN & CLOSED**  
**CAPTION/SUBTITLE FILE RATES**

<b><u>Length</u></b>		<b><u>Prep Rate</u></b>
0-2	minutes	100
5	minutes	150
10	minutes	200
15	minutes	225
20	minutes	250
30	minutes	300
45	minutes	400
1	hour	500
1-1/4	hours	650
1-1/2	hours	800
1-3/4	hours	900
2	hours	1000
2-1/4	hours	1250
2-1/2	hours	1400
2-3/4	hours	1500
3	hours	1600

These rates are for caption preparation only. They do not include tape stock or encoding. Please provide script, if available.

Turnaround time for programs up to one-hour in length, excluding commercials, is approximately three to five working days. Commercials can be done in same-day turnaround.

*captiontechnologies.com*

10:22 AM  
10/31/13  
Accrual Basis

**Victorious Living**  
**Profit & Loss YTD Comparison**  
January through December 2011

Case ID: CGB-CC-1284

	Jan - Dec 11	Jan - Dec 11
Ordinary Income/Expense		
Income		
43400 · Direct Public Support		
43440 · Gifts in Kind - Goods	69,197.00	69,197.00
Total 43400 · Direct Public Support	69,197.00	69,197.00
<b>Total Income</b>	<b>69,197.00</b>	<b>69,197.00</b>
Gross Profit	69,197.00	69,197.00
Expense		
62100 · Contract Services		
62150 · Outside Contract Services		
62151 · Production	23,241.20	23,241.20
62152 · Bookkeeping/Adm.	2,200.00	2,200.00
62153 · Cleaning & Maintenance	2,794.82	2,794.82
Total 62150 · Outside Contract Services	28,236.02	28,236.02
Total 62100 · Contract Services	28,236.02	28,236.02
62800 · Facilities and Equipment		
62890 · Rent, Parking, Utilities	9,759.49	9,759.49
62891 · Internet/Telephone	3,237.95	3,237.95
Total 62800 · Facilities and Equipment	12,997.44	12,997.44
65000 · Operations		
65030 · Printing and Copying	140.00	140.00
65040 · Supplies	4,554.72	4,554.72
Total 65000 · Operations	4,694.72	4,694.72
65100 · Other Types of Expenses		
65120 · Insurance - Liability, D and O	85.00	85.00
65160 · Other Costs	19.98	19.98
65175 · Bank Fees	199.50	199.50
65176 · Credit Card Fees	797.17	797.17
65180 · Donation	2,100.00	2,100.00
65185 · Broadcasting	22,825.00	22,825.00
Total 65100 · Other Types of Expenses	26,026.65	26,026.65
Total Expense	71,954.83	71,954.83
Net Ordinary Income	-2,757.83	-2,757.83
Net Income	<b>-2,757.83</b>	<b>-2,757.83</b>

Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning January 01, 2011, and ending December 31, 2011

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
Victorious Living  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
503 Hawthorne Place  
 City or town, state or country, and ZIP + 4  
Colorado Springs, CO, 80906

**D** Employer identification number  
                    

**E** Telephone number  
719-266-5554

**F** Group Exemption Number ▶  
                    

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶                     

**I** Website: ▶ www.victoriousliving.tv

**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ \$69,147.00

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
 Check if the organization used Schedule O to respond to any question in this Part I ☐

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	\$69,147.00
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
<b>Expenses</b>	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	\$69,147.00
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
<b>Net Assets</b>	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	\$28,236.02
	14	Occupancy, rent, utilities, and maintenance	14	\$12,997.44
	15	Printing, publications, postage, and shipping	15	\$4,694.72
	16	Other expenses (describe in Schedule O)	16	\$26,026.65
	17	Total expenses. Add lines 10 through 16	17	\$71,954.83
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(\$2,852.83) 2807.8
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	\$25,466.22	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	\$22,658.39	



**Part II Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	\$25,466.22	22 \$22,658.39
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe in Schedule O) . . . . .	0	24 0
25	Total assets . . . . .	\$25,466.22	25 \$22,658.39
26	Total liabilities (describe in Schedule O) . . . . .	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	\$25,466.22	27 \$22,658.39

<b>Part III</b>	<b>Statement of Program Service Accomplishments (see the instructions for Part III.)</b>
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**Check if the organization used Schedule O to respond to any question in this Part III . . . ☐**

**What is the organization's primary exempt purpose?** Ministry

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts; optional  
for others.)

28	Two church services per week A 30-minute show is aired Monday through Friday on locals channels in Colorado Springs & Denver, CO area Internet and phones lines are maintained to assist people needing prayer or directions to church (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	\$71,954.83
29	   (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	
30	   (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

[illegible]

**Part V Other information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year? . . . . .	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter: . . . . .		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	✓
41 List the states with which a copy of this return is filed. ▶ Colorado		
42a The organization's books are in care of ▶ Karen Deskins Telephone no. ▶ 719-266-5554		
Located at ▶ 3958 N. Academy Blvd, Suite 115, Colorado Springs, CO ZIP + 4 ▶ 80917		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	42b	✓
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43 0		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	✓
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
49b		<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . 0


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . . 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Date May 14, 2012  
 Signature of officer  
 Katherine Ann Newlon  
 Type or print name and title

Paid Preparer Use Only  
 Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN  
 Firm's name Firm's EIN  
 Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning January 01, 2012, and ending December 31, 2012

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization

Victorious Living

Number and street (or P.O. box, if mail is not delivered to street address)

503 Hawthorne Place

City or town, state or country, and ZIP + 4

Colorado Springs, CO 80906

D Employer identification number

E Telephone number

719-266-5554

F Group Exemption  
Number ▶G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www.victoriousliving.tv

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**  
 Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	70,229.23
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70,229.23
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	0
13		Professional fees and other payments to independent contractors	13	25,357.33
14		Occupancy, rent, utilities, and maintenance	14	9,326.64
15		Printing, publications, postage, and shipping	15	5,231.23
16		Other expenses (describe in Schedule O)	16	23,154.99
17		Total expenses. Add lines 10 through 16	17	63,070.19
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,159.04	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,658.39	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	29,817.43	



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year? . . . . .	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b	38b	
39 Section 501(c)(7) organizations. Enter: . . . . .		
a Initiation fees and capital contributions included on line 9 . . . . . 39a	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . . 39b	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ . . . . .		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	✓
41 List the states with which a copy of this return is filed ▶ Colorado		
42a The organization's books are in care of ▶ Karen Deskins Telephone no. ▶ 719-266-5554		
Located at ▶ 3958 N Academy Blvd Suite 115, Colorado Springs, CO ZIP + 4 ▶ 80917		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ . . . . .	42b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ . . . . .	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	✓
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
49b		<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer  
Katherine Ann Newlon, President  
Type or print name and title

Date

May 12, 2013

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

☐ Yes ☒ No

Case ID: CGB-CC-1284



Wells Fargo Business Online®

## Account Activity

VICTORIOUS LIVING Accounts

BUSINESS CHECKING [REDACTED]

## Activity Summary

Ending Collected Balance as of 10/30/13	\$225.40
Current Posted Balance	\$225.40
Pending Withdrawals/ Debits	\$0.00
Pending Deposits/ Credits	\$25.00
Available Balance	\$250.40

## Transactions

Show: for Last 90 Days

Date ↓	Description	Deposits / Credits	Withdrawals / Debits
Pending Transactions Note: Amounts may change			
10/31/13	CREDIT MEMO	\$25.00	
Posted Transactions			
10/29/13	CHECK CRD PURCHASE 10/28 AMAZON MKTPLACE PM AMZN.COM/BILL WA [REDACTED] 303299056073029 ?MCC=5942		\$19.89
10/29/13	10/29BANKCARD DEPOSIT [REDACTED]	\$200.00	
10/25/13	CHECK # 1598		\$5,750.00
10/24/13	10/24BANKCARD DEPOSIT [REDACTED]	\$60.00	
10/23/13	10/23BANKCARD DEPOSIT [REDACTED]	\$49.95	
10/22/13	DEPOSIT MADE IN A BRANCH/STORE #610999154	\$107.00	
10/22/13	10/22BANKCARD DEPOSIT [REDACTED]	\$200.00	
10/21/13	CHECK CRD PURCHASE 10/17 ADOBE SYSTEMS, INC 800-833-6687 WA [REDACTED] 303290293588088 ?MCC=5969		\$71.74
10/15/13	10/15BANKCARD DEPOSIT [REDACTED]	\$100.00	
10/11/13	DEPOSIT MADE IN A BRANCH/STORE #630334097	\$350.20	
10/11/13	DEPOSIT MADE IN A BRANCH/STORE #630334096	\$4,000.00	
10/10/13	BANKCARD FEE - [REDACTED]		\$56.16
10/10/13	BANKCARD INTERCHANGE FEE - [REDACTED]		\$3.43
10/09/13	CHECK # 1587		\$294.50
10/07/13	COMCAST COMCAST [REDACTED] SPA VICTORIOUS,LIVING TODA		\$230.00
10/07/13	10/07BANKCARD DEPOSIT [REDACTED]	\$29.00	
10/07/13	10/07BANKCARD DEPOSIT [REDACTED]	\$220.00	
10/07/13	MOBILE DEPOSIT : REF NUMBER :106050228462	\$1,000.00	
10/04/13	CASHED/DEPOSITED ITEM RETN UNPAID FEE		\$12.00
10/04/13	RETURN ITEM CHARGE - PAPER AZ 131004		\$450.00
10/04/13	CHECK CRD PUR RTRN 10/03 AMAZON MKTPLACE PM AMZN.COM/BILL WA [REDACTED] 623277545865898 ?MCC=5942	\$233.38	
10/03/13	CASHED/DEPOSITED ITEM RETN UNPAID FEE		\$12.00
10/03/13	RETURN ITEM CHARGE - PAPER MN 131003		\$550.00
10/03/13	10/03BANKCARD DEPOSIT [REDACTED]	\$19.95	
10/02/13	AUTHNET GATEWAY BILLING [REDACTED] VICTORIOUS LIVING		\$19.95
10/02/13	10/02BANKCARD DEPOSIT [REDACTED]	\$50.00	
10/01/13	MOBILE DEPOSIT : REF NUMBER :413010955029	\$450.00	
10/01/13	MOBILE DEPOSIT : REF NUMBER :705010920754	\$550.00	
09/30/13			\$4,600.00
Totals		\$14,054.48	\$19,107.29



Date ↓	Description	Deposits / Credits	Withdrawals / Debits
	CHECK CRD PURCHASE 09/27 MASS MEDIA INC 864-494-0244 SC [REDACTED] 28327045555438 ?MCC=7311		
09/26/13	ONLINE TRANSFER FROM VICTORIOUS LIVING REF #IBE8CJWX37 BUSINESS MARKET RATE SAVING VIA MOBILE	\$100.00	
09/26/13	09/26BANKCARD DEPOSIT [REDACTED]	\$100.00	
09/20/13	DEPOSIT MADE IN A BRANCH/STORE #630504735	\$100.00	
09/19/13	CHECK CRD PURCHASE 09/17 ADOBE SYSTEMS, INC 800-833-6687 WA [REDACTED] 383260293999834 ?MCC=5969		\$69.99
09/16/13	09/16BANKCARD DEPOSIT [REDACTED]	\$80.00	
09/16/13	DEPOSIT	\$110.00	
09/12/13	CHECK # 1582		\$1,136.50
09/12/13	BANKCARD FEE [REDACTED]		\$56.32
09/12/13	BANKCARD INTERCHANGE FEE [REDACTED]		\$5.10
09/11/13	CHECK CRD PURCHASE 09/10 AMAZON MKTPLACE PM AMZN.COM/BILL WA [REDACTED] 583253156628408 ?MCC=5942		\$250.00
09/11/13	DEPOSIT MADE IN A BRANCH/STORE #630684313	\$5,000.00	
09/09/13	09/09BANKCARD DEPOSIT [REDACTED]	\$100.00	
09/09/13	09/09BANKCARD DEPOSIT [REDACTED]	\$120.00	
09/04/13	AUTHNET GATEWAY BILLING [REDACTED] VICTORIOUS LIVING		\$19.95
09/04/13	09/04BANKCARD DEPOSIT [REDACTED]	\$50.00	
09/03/13	RECURRING TRANSFER TO VICTORIOUS LIVING BUSINESS MARKET RATE SAVINGS REF #OPESG95BBW [REDACTED]		\$100.00
08/28/13	CHECK CRD PURCHASE 08/27 PARCEL PLUS CYPRESS TX [REDACTED] 283239782431434 ? MCC=7399		\$43.70
08/27/13	08/27BANKCARD DEPOSIT [REDACTED]	\$100.00	
08/26/13	08/26BANKCARD DEPOSIT [REDACTED]	\$90.00	
08/22/13	08/22BANKCARD DEPOSIT [REDACTED]	\$100.00	
08/19/13	CHECK CRD PURCHASE 08/17 ADOBE SYSTEMS, INC 800-833-6687 WA [REDACTED] 383229292770646 ?MCC=5969		\$69.99
08/15/13	08/15BANKCARD DEPOSIT [REDACTED]	\$25.00	
08/13/13	08/13BANKCARD DEPOSIT [REDACTED]	\$100.00	
08/12/13	BANKCARD FEE - 0329314706		\$56.34
08/12/13	BANKCARD INTERCHANGE FEE - [REDACTED]		\$6.78
08/08/13	ONLINE DEP DETAIL & IMAGES		\$3.00
08/07/13	08/07BANKCARD DEPOSIT [REDACTED]	\$120.00	
08/05/13	CHECK # 1584		\$600.00
08/05/13	CHECK # 1585		\$4,600.00
08/05/13	08/05BANKCARD DEPOSIT [REDACTED]	\$15.00	
08/05/13	08/05BANKCARD DEPOSIT [REDACTED]	\$100.00	
08/02/13	AUTHNET GATEWAY BILLING [REDACTED] VICTORIOUS LIVING		\$19.95
Totals		\$14,054.48	\$19,107.29

Equal Housing Lender

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10:28 AM

10/31/13

Accrual Basis

**Victorious Living**  
**Statement of Financial Position**  
 As of December 31, 2011

	Dec 31, 11	Dec 31, 10	\$ Change	% Change
<b>ASSETS</b>				
<b>Current Assets</b>				
<b>Checking/Savings</b>				
Victorious Living				
1 - Wells Fargo	61,799.00	0.00	61,799.00	100.0%
Victorious Living - Other	-39,140.61	0.00	-39,140.61	-100.0%
<b>Total Victorious Living</b>	<b>22,658.39</b>	<b>0.00</b>	<b>22,658.39</b>	<b>100.0%</b>
<b>Total Checking/Savings</b>	<b>22,658.39</b>	<b>0.00</b>	<b>22,658.39</b>	<b>100.0%</b>
<b>Other Current Assets</b>				
12000 - Undeposited Funds	50.00	0.00	50.00	100.0%
<b>Total Other Current Assets</b>	<b>50.00</b>	<b>0.00</b>	<b>50.00</b>	<b>100.0%</b>
<b>Total Current Assets</b>	<b>22,708.39</b>	<b>0.00</b>	<b>22,708.39</b>	<b>100.0%</b>
<b>TOTAL ASSETS</b>	<b>22,708.39</b>	<b>0.00</b>	<b>22,708.39</b>	<b>100.0%</b>
<b>LIABILITIES &amp; EQUITY</b>				
<b>Equity</b>				
30000 - Opening Balance Equity	25,466.22	0.00	25,466.22	100.0%
Net Income	-2,757.83	0.00	-2,757.83	-100.0%
<b>Total Equity</b>	<b>22,708.39</b>	<b>0.00</b>	<b>22,708.39</b>	<b>100.0%</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>22,708.39</b>	<b>0.00</b>	<b>22,708.39</b>	<b>100.0%</b>



**Media Services  
Agency**

Case ID# CGB-CC-1284

14171 Chambers Road  
Tustin, California 92780-7091  
Phone: (714) 665-2153  
Fax: (714) 832-0645

### **CLOSED CAPTIONING FOR THE TBN NETWORKS**

The United States Congress passed the Telecommunications ACT of 1996 ("ACT"), the ACT mandates all programmers who provide programs or program materials to a television station or network, must now include closed-captioning for the hearing impaired on all new programs after January 1, 1998. All programs accepted and placed on TBN or The Church Channel must be closed-captioned.

The Trinity Broadcasting Network does not provide closed captioning for any programmers airing on any of it's networks. It is the responsibility of any and all programmers to provide their own closed captioning.

Sincerely

Jay Jones

Media Services Director  
Trinity Broadcasting Networks

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

Case ID# CGB-CC-1284

DEPARTMENT OF THE TREASURY

Date: SEP 28 2010

VICTORIOUS LIVING  
C/O KATHERINE NEWLON  
503 HAWTHORNE PL  
COLORADO SPRINGS, CO 80906

Employer Identification Number:

DLN:

500141010

Contact Person:

KAREN A BATEY

ID# 31641

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b) (1) (A) (vi)

Form 990 Required:

Yes

Effective Date of Exemption:

April 12, 2010

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c) (3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c) (3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)